COMBINED DECLARAPPLICATION WITH	PB60228 First Named Inventor:						
AIT DICATION WITH	2000200		Emmanuel Hubert DEMONT				
() Declaration submitted with initial fi	Complete if known: App No.:						
() Declaration submitted after mittal 1	Filing Date						
			Group Art Unit:				
As below named	inventor. I hereby declare that:						
My residence, post office	address and citizenship are as stated l	pelow next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	NOVEL COM	APOUNDS					
the specification of which	(check only one item below):						
[]is attached hereto. OR [x] was filed on as Unite	d States application Serial No.	or PCT International					
Application Number PC1	T/EP2004/004244 filed 21 April 200 applicable)		/YYYY)				
I hereby state that I have r as amended by any amend	eviewed and understand the contents ment specifically referred to above.	of the above-identified specification	n, including the claims,				
I acknowledge the duty to	disclose information which is materi	al to patentability as defined in 37 C	CFR §1.56.				
inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	efits under 35 U.S.C. §119 (a)-(d) or ny PCT international application whi I have also identified below, by check nal application having a filing date b	ch designated at least one country of king the box, any foreign application efore that of the application on which	n for patent or inventor's				
PRIOR FOREIGN AND ANY P	RIORITY CLAIMS UNDER 35 U. Country	S.C. 119: Foreign Filing Date	PRIORITY				
Prior Foreign Application Number (s)	_	(MM/DD/YYYY))	CLAIMED				
1. 0309221.0	Great Britain	23 April 2003	X				
3.							
4.							
5.		Facultizing States provisional and	ication(s) listed below:				
	tle 35, United States Code §119(e) o	any United States provisional appl	ication(s) fisied below:				
hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY)							
1. 2.							
3.			<u> </u>				

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PB60228

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	PCT international fil		T ADDI ICATION				
RIOR	U.S. PARENT A	PPLICATION or PCT PARENT	APPLICATION		STATUS (Check	ne)	
U.S. I	Parent Application or Number	PCT Parent Parent Fili (MM/DD/		PATENTED	PENDING	ABANDONED	
osecute	e this application an	: As a named inventor, I hereby appoint to transact all business in the Patent d Customer Number 20462	nt the practitioners a and Trademark Office	ssociated with the e connected there	Customer Numbers with	provided below to	
Customer Number 23347 and Customer Number 20462 Address all correspondence and telephone calls to Customer Number 23347			Direct Telephone Calls to: Bonnie L Deppenbrock 919 483 1577				
e belie ade ar	eved to be true; ar	natements made herein of my own kand further that these statements were or imprisonment, or both, under tion or any patent issuing thereon.	e made with the kn	owledge that wi	ments made on inf	ormation and beli s and the like so	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	IE .	SECOND GIVEN NAM	EINITIAL	
2	OF INVENTOR INVENTOR'S SIGNATURE	OF INVENTOR DEMONT INVENTOR'S Signature		Emmanuel		Hubert Date: 24 June 2004	
	RESIDENCE &	CITY	STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZEN		
0	CITIZENSHIP	WELWYN POST OFFICE ADDRESS	HERTFORI	HERTFORDSHIRE, GB		FR STATE & ZIP CODE/COUNTRY	
1	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 133:	Research Tr	Research Triangle Park		North Carolina 27709, US	
2	FULL NAME OF INVENTOR	FAMILY NAME REDSHAW	FIRST GIVEN NAM Sally	ie .	SECOND GIVEN NAM	E/INITIAL	
	INVENTOR'S SIGNATURE	Signature P Raduat			24/06/04		
0	RESIDENCE & CITIZENSHIP	CITY WELWYN		SHIRE, GB	GB STATE & ZIP CODE/CO		
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 133	Research Tr	iangle Park	North Carolina		
2	FULL NAME OF INVENTOR	FAMILY NAME WALTER	FIRST GIVEN NAI Daryl	AE .	SECOND GIVEN NAM Simon	E/INITIAL	
	INVENTOR'S SIGNATURE	Signature		× .		Date: 24/6/04	
0	RESIDENCE & CITIZENSHIP	WELWYN		OSHIRE, GB	GB STATE & ZIP CODE/CO		
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 133	Research Ti	iangle Park	North Carolina		